MDR Tracking Number: M4-03-6977-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-15-03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes: 22650-80, 22830-80 and 20975-80.

## II. FINDINGS

The respondent denied reimbursement based upon: "22650-80 – (F) Procedure code should not be billed without appropriate primary procedure; 22830-80 – By clinical practice standards, this procedure is incidental to the related primary procedure billed; and 20975-80 – This procedure is not payable to an assistant surgeon."

## III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial	MAR\$ (Maximum	Reference	Rationale
	COLL			Code	Allowable		
					Reimbursement)		
6-25-02	22650-80	\$1250.00	\$0.00	F	\$637.00 X 25% = \$159.25	Surgery GR (I)(E)(2), (I)(D)(2)	Per Surgery GR, arthrodesis is a secondary procedure when a vertebral procedure is performed. The requestor performed vertebral procedures on this date and was reimbursed. Therefore, reimbursement of \$159.25 is recommended.
	22830-80	\$1000.00	\$0.00		\$3338.00 X 25% = \$834.50 X 50% = \$417.25	Surgery GR (I)(E)(2), (I)(D)(2)	Operative report supports procedure performed. Exploration of fusion mass is not incidental to primary procedure. Reimbursement of \$417.25 is recommended.
	20975-80	\$250.00	\$0.00		\$455.00 X 25% = \$113.75	Surgery GR (I)(D)(2)	MFG does not exclude assistant surgeon from procedures performed, reimbursement of \$113.75 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$690.25.

MDR Tracking Number: M4-03-6977-01

## IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 22650-80, 22830-80 and 20975-80, in the amount of **\$690.25**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$690.25** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2<sup>nd</sup> day of February 2005.

Medical Dispute Resolution Officer Medical Review Division